

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SANDPOINT, CITY OF  
**ADDRESS:** 1123 WEST LAKE STREET  
 SANDPOINT, ID 83864

**FACILITY:** SANDPOINT, CITY OF - SANDPOINT WWTP

**LOCATION:** 723 SOUTH ELLA STREET  
 SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	9.8			Daily	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	159	217		*****	11	15			Three Per Week	COMP24
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2927	*****		*****	198	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	7.5			Daily	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	87	121		*****	6	7			Three Per Week	COMP24
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	1241	*****		*****	84	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	14.7			Monthly	COMP24
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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01/01/2013	01/31/2013

**DMR Mailing ZIP CODE:** 83864

**MAJOR** \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

**No Discharge** ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	6	60			Three Per Week	GRAB
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three Per Week	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	1.8	*****		*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.07	.14			Twice Per Day	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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**LOCATION:** 723 SOUTH ELLA STREET  
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ATTN: KODY VAN DYK, PUBLIC WORKS DIR

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<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	8.6			Daily	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	197	212		*****	11	12			Three Per Week	COMP24
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2877	*****		*****	154	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	7.3			Daily	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	93	118		*****	5	6			Three Per Week	COMP24
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	1202	*****		*****	64	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	12.8			Monthly	COMP24
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	8	80			Three Per Week	GRAB
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three Per Week	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	2.3	*****		*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.1	.5			Twice Per Day	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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## DISCHARGE MONITORING REPORT (DMR)

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ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	9.4			Daily	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	206	235		*****	11	12			Three Per Week	COMP24
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2959	*****		*****	159	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	7.5			Daily	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	106	140		*****	6	7			Three Per Week	COMP24
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	860	*****		*****	49	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	9.01			Monthly	COMP24
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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03/01/2013	03/31/2013

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MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
00615 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, nitrate total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	2.03			Quarterly	COMP24
00620 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	10.6			Quarterly	COMP24
00625 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	1.41			Quarterly	COMP24
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphate, ortho, dissolved (as P)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	1.23			Quarterly	COMP24
00671 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	7	70			Three Per Week	GRAB
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three Per Week	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	2.2	*****		*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR

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TO THE PEND OREILLE RIVIE

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.09	.19			Twice Per Day	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	89	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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**LOCATION:** 723 SOUTH ELLA STREET  
 SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	10.5			Daily	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	189	215		*****	12	17			Three Per Week	COMP24
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2420	*****		*****	159	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	7.4			Daily	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	92	137		*****	6	7			Three Per Week	COMP24
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	1076	*****		*****	71	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	15.7			Monthly	COMP24
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SANDPOINT, CITY OF  
**ADDRESS:** 1123 WEST LAKE STREET  
 SANDPOINT, ID 83864

**FACILITY:** SANDPOINT, CITY OF - SANDPOINT WWTP

**LOCATION:** 723 SOUTH ELLA STREET  
 SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	3	50			Three Per Week	GRAB
31648 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three Per Week	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	2	*****		*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.09	.23			Twice Per Day	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SANDPOINT, CITY OF  
**ADDRESS:** 1123 WEST LAKE STREET  
 SANDPOINT, ID 83864

**FACILITY:** SANDPOINT, CITY OF - SANDPOINT WWTP

**LOCATION:** 723 SOUTH ELLA STREET  
 SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

ID0020842	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	14.2			Daily	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	deg C		Daily	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	194	287		*****	16	22			Three Per Week	COMP24
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2279	*****		*****	191	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	7.2			Daily	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	73	93		*****	6	8			Three Per Week	COMP24
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	750 MO AVG	1100 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three Per Week	COMP24
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	1566	*****		*****	133	*****			Three Per Week	COMP24
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Three Per Week	COMP24
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	23.3			Monthly	COMP24
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SANDPOINT, CITY OF  
**ADDRESS:** 1123 WEST LAKE STREET  
 SANDPOINT, ID 83864

**FACILITY:** SANDPOINT, CITY OF - SANDPOINT WWTP

**LOCATION:** 723 SOUTH ELLA STREET  
 SANDPOINT, ID 83864

ID0020842	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
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05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

No Discharge ☐

ATTN: KODY VAN DYK, PUBLIC WORKS DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, total (as CN)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
00720 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Cyanide, total (as CN)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
00720 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Arsenic, total (as As)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01002 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Arsenic, total (as As)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01002 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Cadmium, total (as Cd)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01027 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Cadmium, total (as Cd)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01027 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01034 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01034 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	.01			Twice Per Year	COMP24
01042 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	.059			Twice Per Year	COMP24
01042 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01051 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	.011			Twice Per Year	COMP24
01051 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01067 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
01067 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Silver, total (as Ag)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Silver, total (as Ag)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01077 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.094			Twice Per Year	COMP24
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.091			Twice Per Year	COMP24
01092 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	10			Three Per Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Three Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	*****		*****	*****	*****	*****		Continuous	RCORDR
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.08	.31			Twice Per Day	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.45 MO AVG	1.1 DAILY MX	mg/L		Daily	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

TO THE PEND OREILLE RIVIE

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total (as Hg)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	NODI 9				
71900 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
Mercury, total (as Hg)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	.001			Twice Per Year	COMP24
71900 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	COMP24
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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